



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

New York City Board of Education Teaching Service

DIRECTIONS:

1. Complete Member Section A.
2. Forward to the Board of Education of the City of New York, Employment Records Research Unit, 65 Court Street - Level C, Brooklyn, NY 11201 for the completion of Section B.
3. Return the original completed form to CTRB, 21 Grand Street, Hartford, CT 06106-1500.

PLEASE PRINT OR TYPE

SECTION A (TO BE COMPLETED BY THE MEMBER)

Member Name _____ SSN _____

Home Mailing Address _____

NYC Board of Education Teaching Service - Start Date: _____ Termination Date: _____

Member Signature _____ Date _____

SECTION B (TO BE COMPLETED BY THE NEW YORK CITY BOARD OF EDUCATION)

The person named above is a member of the Connecticut Teachers' Retirement System who wishes to document credit for teaching service with the Board of Education of the City of New York. Please complete the questionnaire below so that this office may determine the member's eligibility to purchase this outside state service credit in this system.

Please furnish employment information on a school year basis. Use one line for each school year. Do NOT include Leave of Absence, Summer School or Evening Teaching Service.

Teaching Status (Enter type: Regular Teacher or Regular Substitute or Per Diem)	Dates of Employment School Year From (Month/Day/Year)	To (Month/Day/Year)	Length of School Year (ie: August to May or September to June etc.)	Full Time	Part Time	If Part Time Enter FTE %

1. Enter the total years and months of service credited to this member in your system. _____

2. Is the member currently receiving or entitled to receive in the future a retirement benefit based on this service? YES ☐ NO ☐

3. Member's current status in your system (check one) INACTIVE ☐ VESTED ☐ ACTIVE ☐ WITHDRAWN ☐ OTHER ☐

I certify that the above information was extracted from official records and/or substantiating documents.

Name of attesting official _____ Title _____

Signature _____ Date _____

Telephone number _____ FAX number _____

PLEASE FORWARD THIS COMPLETED FORM TO THE CONNECTICUT TEACHERS' RETIREMENT BOARD FOR REVIEW.